

North Brookfield Public School District Pediculosis: Head Lice Guidelines

“It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare. When transmission occurs, it is generally found among younger-age children with increased head-to-head contact (Frankowski & Bocchini, 2010). Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. The school nurse should contact the parents to discuss treating the child at the conclusion of the school day (Frankowski & Bocchini, 2010). Students with nits only should not be excluded from school (American School Health Association, 2005, Frankowski & Bocchini, 2010, Pollack, Kiszewski & Spielman, 2000), although further monitoring for signs of re-infestation is appropriate. It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation, such as household family members, but classroom-wide or school-wide screening is not merited (Andresen & McCarthy, 2009). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student’s privacy as well as the family’s right to confidentiality (Gordon, 2007).

The school nurse, as a student advocate and nursing expert, should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. School nurses are also in a pivotal position to dispel myths and stigmas regarding pediculosis by providing education on the life cycle of the louse, methods of transmission, treatment options and care of the environment to the student’s family, school and community at large.”

-NASN Position Statement on Pediculosis in the School Community, revised July 2004

1. Any student suspected of having head lice should be sent to the Health Office for inspection by the School nurse. Students diagnosed with live head lice, if possible, need to be sent home early from school.
2. Siblings within the district will be checked by the School Nurse.
3. Students with an active case of head lice will be instructed to avoid head-to-head (hair-to-hair) contact during play and other activities
4. Parents/guardians will be contacted. Information on the treatment options will be shared with the parent/guardian. A copy of the MA DPH Head Lice Fact Sheet will be sent home with the student.
5. Once the student has received treatment, they will be inspected by the School Nurse for any signs of live lice.
6. If live lice are still found, the parent/guardian will be instructed to contact their Primary Care Physician. The parent/guardian will share the new treatment plan with the School Nurse. If possible the student will remain in school.
7. Periodic rechecks will be performed at the discretion of the School Nurse.
8. The school nurse can offer extra help to families of children who are repeatedly or chronically infested. It may be helpful to make home visits to ensure that treatment is being conducted effectively.
9. Issues related to noncompliance or neglect can be reported to Massachusetts Department of Children’s and Families (DCF)